



# Quality Improvement Plan

## Jefferson County



**Public Health**  
Prevent. Promote. Protect.

<b><i>Adopted Date:</i></b>	
<b><i>Revised Dates:</i></b>	



# Quality Improvement Plan Jefferson County Public Health Signature Page

This plan has been approved and adopted by the following Public Health Staff:

Signature	Date	Signature	Date
_____	_____	_____	_____
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**For questions about this plan, contact:  
Jefferson County Public Health  
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# Quality Improvement Plan

## Jefferson County Public Health

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Jefferson County Public Health is committed to the ongoing improvement of the quality of services it provides. This Quality Improvement Plan serves as the foundation of this commitment. This plan includes the following topics:

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## Purpose and Introduction

### **Executive summary**

The purpose of the Jefferson County Public Health (JCPH) Quality Improvement Plan (QI) is to align the department's improvement efforts with the Strategic Plan, the Regional Health Improvement Plan, and the National Public Health Accreditation Board's Standards and Measures. These Plans and the Standards and Measures help to create context and framework for the JCPH's quality improvement projects.

With this plan we are making a commitment to better serve our community by working to improve JCPH's organizational practices, programs, processes, and interventions. JCPH also has buy in from the County Commissioners as, they have recognized and support the Public Health Department's efforts to improve the delivery of services as a department and within their individual programs in order to remove barriers and maintain the highest level of service for all residents of Jefferson County. (See Appendix C)

### **Our Organizational Direction**

**Our Vision:** Healthy people in thriving communities

**Our Mission:** To improve the health and promote the well-being of all Jefferson County residents through policies, partnerships, and services

### **Our Values:**

Respect: We are honored to serve our community and treat our clients as good neighbors.

Integrity: We hold ourselves to a high standard.

Equity: We remove barriers for those who otherwise might not be able to access services.

Diversity: We identify differences in the community as assets.

Empowerment: We support and encourage our clients and staff to *thrive*.

Optimism: We believe in our ability to effect positive change in our community.



## Key Definitions & Acronyms

### **Introduction**

A common vocabulary is used agency-wide when communicating about quality and quality improvement. Key terms and frequently used acronyms are listed alphabetically in this section.

### **Definitions**

#### ***Continuous Quality Improvement (CQI)***

A systematic, department-wide approach for achieving measurable improvements in the efficiency, effectiveness, performance, accountability, and outcomes of the processes or services provided. Applies use of a formal process (PDSA, etc.) to “dissect” a problem, discover a root cause, implement a solution, measure success/failures, and/or sustain gains.

#### ***Plan, Do, Study, Act (PDSA)***

An iterative, four-stage, problem-solving model for improving a process or carrying out change. PDSA stems from the scientific method (hypothesize, experiment, evaluate). A fundamental principle of PDSA is iteration. Once a hypothesis is supported or negated, executing the cycle again will extend what one has learned. (Embracing Quality in Local Public Health: Michigan’s QI Guidebook, 2008)

#### ***Quality Culture***

QI is fully embedded into the way the agency does business, across all levels, departments, and programs. Leadership and staff are fully committed to quality, and results of QI efforts are communicated internally and externally. Even if leadership changes, the basics of QI are so ingrained in staff that they seek out the root cause of problems. They do not assume that an intervention will be effective, but rather they establish and quantify progress toward measurable objectives. (Roadmap to a Culture of Quality Improvement, NACCHO, 2012)

#### ***Quality Improvement (QI)***

The use of a deliberate and defined improvement process, such as Plan-Do-Study-Act, is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measureable improvements in the efficiency, effectiveness, performance, and other indicators of quality in services or processes which achieve quality and improve the health of the community. Strategic and QI plans can and should cross-reference one another, so a quality improvement initiative that is in a QI plan may also be in a strategic plan.

#### ***Quality Improvement Plan***

A plan that identifies specific areas of current operational performance for improvement within the agency. These plans can and should cross-reference one another, so a quality improvement initiative that is in the QI Plan may also be in the Strategic Plan. (PHAB Acronyms and Glossary of Terms, 2009)



### **Quality Improvement Tools (QI Tools)**

QI Tools are designed to assist a team when solving a defined problem or project. Tools will help the team get a better understanding of a problem or process they are investigating or analyzing (The Public Health QI Handbook, Bialek et al, 2009). Tools used by JCPH are outlined in the Public Health Memory Jogger (Public Health Foundation, 2007), the Public Health QI Handbook, and the Public Health Quality Improvement Encyclopedia (Public Health Foundation, 2012).

### **Regional Health Improvement Plan (RHIP)**

A health improvement plan is a long term, systematic effort to address and improve health problems in the region on the basis of the Regional Health Assessment and the Regional Health Improvement Plan process. The regional health improvement plan was created in collaboration with the hospital system, Central Oregon Health Council partners, Crook, Jefferson, and Deschutes County. This report included input from stakeholders in the region.

### **Regional Health Assessment (RHA) (2016)**

The regional health assessment was created in collaboration with the hospital system, Central Oregon Health Council, and Crook, Jefferson, and Deschutes County. The health assessment is a snapshot of the health of a community at a point in time. It describes a variety of health topics, and guides communities to strategically address health-related issues. Assessing the community is an ongoing process that involves monitoring population health and measuring progress toward improving it.

### **Storyboard**

Graphic representation of a QI team's quality improvement journey. (Scamarcia-Tews, Heany, Jones, VanDerMoere & Madamala, 2012)

## **Description of Quality in Agency**

### **Introduction**

This section provides a description of quality efforts in Jefferson County Public Health, including culture, roles and responsibilities, processes, and linkages of quality efforts to other agency documents.

### **Description of quality improvement efforts**

Our team at Jefferson County Public Health strives to meet quality assurance (QA) standards which are the day-to-day center of our efforts. Formal quality improvement efforts have not been fully nor successfully implemented across the department. Only a couple of programs have used and are familiar with QI processes and concepts. We desire an office-wide culture of quality that is flush with positivity and collaboration. With this organizational culture, we know that our values, as outlined above, will be demonstrated more fully.

### **Where We Are Along the Six Phases of QI (from NACCHO Roadmap to a Culture of Quality)**

Assessed by QI Team on 8/7/2018

Employee Empowerment: Phase 1

Teamwork and Collaboration: Phase 1

Leadership: Phase 1.5

Customer Focus: Phase 1

QI Infrastructure: Phase 2  
Continuous Process Improvement: Phase 2

### **Where We Would Like to Be**

Employee Empowerment: Phase 3  
Teamwork and Collaboration: Phase 3  
Leadership: Phase 3  
Customer Focus: Phase 3  
QI Infrastructure: Phase 4  
Continuous Process Improvement: Phase 4

### **Links to other agency plans**

Our strategic plan and QI plan have been developed somewhat simultaneously in order to act on the actions outlined in the strategic plan without delay. The synergy between these two plans comes naturally, so we have adopted objectives in each plan that complements the other; for example, we aim to advance how we create, update, and align policies and plans. Our QI Project Proposal guidelines require that a project integrate the JCPH vision, mission, values, and, when possible, strategic plan objectives.

## **Quality Improvement Management, Roles & Responsibilities**

### **All Health Department Staff:**

All Jefferson County Public Health staff are encouraged to propose QI projects to the QI Team, participate in QI projects, participate in QI training, and incorporate QI concepts into daily work. Participation in Quality Improvement activities is inclusive of all staff. Participation should not be limited by the workload of a staff member as QI activities are becoming integrated into daily functioning at JCPH.

### **QI Team:**

The QI Team is the sole convening body within JCPH that deals entirely with QI policies, projects, and any related activities. Team members are staff who have greater interest in or experience with QI.

### **Membership:**

Members of the QI Team maintain their involvement through interest and devotion of time. Membership at any one time should not remain below one quarter (1/4) or exceed one third (1/3) of staff capacity. Final decisions for membership remain with the Health Services Director.

### **Frequency of Convening:**

The QI Team will meet, at a minimum, once each quarter (approximately every three months) to review QI policies, assess project progress, and complete other actions as needed. In the interim, meeting frequency will vary and depend on the needs of the current Quality Improvement Project(s). If needed, the Team may convene a department-wide meeting to discuss and decide items that are more urgent.

**Delegation of Authority:**

The QI Team must delegate decisions to the department when changes to department-wide processes are proposed. To pass a motion originating from the Team, there must be responses from at least one half (1/2) of those who work at the Jefferson County Public Health building and two thirds (2/3) of those votes must vote in favor of the motion. The anonymous vote will be distributed by paper during a staff meeting, and the results of the vote will be announced by department-wide email. When proposing an organizational partnership or extra-departmental commitment, the Team must consult with the Health Services Director, who has final authority.

**Responsibilities:**

- Gauge the state of the department's quality improvement processes (annually)
- Develop a Quality Improvement Plan (QIP) that is appropriate for implementation across the department (set objectives every 3-5 years; review annually)
- Identify QI projects and delegate duties (as needed)
- Collect department feedback on prospective and current QI processes and projects (as needed)
- Inform department of QI Team activities (at least quarterly)
- Communicate results of QI Projects to department and interested stakeholders (as needed)
- Develop introduction to Quality Improvement concepts and orientation to the role of the Team's duties
- Build a Culture of Quality within Jefferson County Public Health
- Assure alignment of quality activities with the strategic plan and the PHAB 1.5 standard 9.2.2

**Budget:**

Finance staff provides budget consultation and support on available resources as required/approved to facilitate QI projects.



The table below describes the structure of the QI Team, in particular the responsibilities of each team member.

Team Members	Responsibility
JCPH Director	<ul style="list-style-type: none"> <li>• Provide vision &amp; direction for QI program</li> <li>• Allocate resources for activities</li> <li>• Facilitate QI teams as needed</li> <li>• Convene Quality Council as needed</li> </ul>
QI Team Members	<ul style="list-style-type: none"> <li>• Identify appropriate staff for QI teams</li> <li>• Oversee QI efforts within division</li> <li>• Provide administrative support to Council on rotating basis</li> <li>• Assure QI-related performance and/or professional development goal for all division staff</li> <li>• Encourage staff to incorporate QI efforts into daily work</li> <li>• Serve a minimum of one year on Council</li> </ul>
AmeriCorps VISTA	<ul style="list-style-type: none"> <li>• Convene Quality Council</li> <li>• Serve as facilitator</li> <li>• Document meetings</li> </ul>

**Quality improvement process:**

To successfully carry out a QI Project, JCPH will use the Plan, Do, Study, Act Cycle. This process will make sure that the projects that are implemented will increase efficiency and those that do not can be learned from. They will show us why a plan did not work and how it can be changed to increase its effectiveness and efficiency. To help with this process we have a PDSA form that will be filled out for each project. (See Appendix A)

## Quality Goals, Objectives & Implementation

### Introduction

This section presents the overall goals, objectives and implementation plan for QI. These goals and objectives are based on the PHAB standards and measures, version 1.5, that was released in 2014. PHAB domain nine requires evaluation and continuous improvement of health department processes, programs, and interventions. This section reflects JCPH's efforts to make progress toward these goals and how they will be monitored and evaluated by the QI Team.

This table shows the starting goals and objectives for the JCPH QI Team

Goal	Objectives & Actions	Progress Indicators	Target Date	Action Lead(s)
<b>Goal:</b> Advance all operations of QI in JCPH	Quality improvement categories are rated 1 phase higher on QI self-assessment tool (NACCHO)	QI Team plan for improving QI in each category	08/2018-08/2019	AmeriCorps VISTA
<b>Goal:</b> JCPH is comfortable starting and finishing QI projects	Complete 1 quality improvement project by December 31, 2018.  Review documentation for project ideas, select project, leader & teams	Team charters & documentation; storyboards  File path: F:\Accreditation JCPH\QI Projects\Current Projects	07/12/2018-12/31/2018	QI Team

## Projects

### Introduction

This section describes the process for QI project identification, prioritization, and selection of team members. Information about current and past projects can be found under the following file path: F:\Accreditation JCPH\Quality Improvement\QI Projects.

### Project Selection

Any employee of JCPH is welcome to submit a Project Proposal and/or engage with the QI process. All QI Projects will be selected by a two-step process:

Step 1: Project Proposal is completed by employee(s) interested in undertaking a QI Project and submitted to the QI Council for review. (See Appendix B)

Step 2: QI Council reviews Project Proposal against criteria stated in the proposal guidelines and returns a Project Proposal Review form to the submitting party. This review form will offer any preliminary suggestions as well as a response to whether the proposal has been accepted as a QI Project.

The three key criteria for a QI Project to be selected are:

1. Process-oriented problem
2. Inclusion of or, at the least, invitation for all relevant stakeholders to take part in writing of Project Proposal and subsequent QI Project
3. Alignment with JCPH vision, mission, values, and strategic plan

Additional considerations for the QI Council when reviewing one or several Project Proposals:

- Financial commitment
- Staff capacity
- Number of programs or people affected
- Feedback from surveys (staff & client)

Upon selection of a project, the Project Team will be decided. For each project at least two Quality Council members and the Project Lead will compose the Project Team. Any interested employees, especially those who might be affected by the QI Project are invited to join the Project Team.

### Current Projects

An archive of past projects and inventory of all current projects are maintained on the F drive following file path: F:\Accreditation JCHD\Quality Improvement\QI Projects. Templates for project meetings can also be found by following the file path: F:\Accreditation JCPH\Quality Improvement\QI Projects\Current Projects.



## Training

### Introduction

JCPH requires QI training for all employees. JCPH has incorporated QI training into a staff retreat each year. This provides an opportunity for all staff to update and refresh their knowledge of QI. As well as train and inform any new employees of what QI is and why it is important to the success of JCPH programs.

### On-going Staff Training and Support

- QI In-person training that is integrated into a staff retreat
- Online trainings provided by Drew (maybe make mandatory for new employees to look at)
- Train on QI tools; storyboards, PDSA, flowcharts, ect.
- Review of QI concepts at all-staff meetings
- Extra trainings may be planned at the discretion of the QI council. This may include more extensive QI training for QI council members.
- Achievement of quality certification for QI Coordinator
- Develop a process to acknowledge and celebrate success as well as discuss poor outcomes

## Communication

### Introduction

In order to support quality as a usual-way-of-business, quality-related news is communicated on a regular basis using a variety of methods to staff, Board of Health, and the general public. This section describes how quality and quality initiatives are shared.

### Quality Sharing

How will we communicate QI updates? This includes trainings, QI project progress, policy changes, etc.

- QI included on Michael's update to BOCC
- QI Team updates at monthly staff meetings
- Project Leader updates at staff meeting
- Annual report of QI Activities generated by QI team

### All Staff at JCPH

There are three methods through which QI activities will be communicated:

1. *Monthly staff meetings*: the meeting agenda will include a bullet that allows time for a QI update which may include anything from a QI training to a brief QI Project update
2. *Annual QI Report*: this report will include all activities that have taken place throughout the year relating to QI (group trainings that took place, QI Projects completed, QI policy changes, successes and challenges, etc.)
3. *Ad hoc QI Meetings*: as implied, these meetings only occur for a single purpose



## Monitoring and Evaluation

### Introduction

This section describes the monitoring and evaluation for the QI Plan and associated goals.

### QI Plan

The QI Plan will be reviewed annually. The QI team will send out the QI plan to all departments with invitation for feedback. The plan may also be sent out to be reviewed by QI coordinators in Deschutes and Crook County, with invitation for feedback. The QI team will then make changes to the plan based on feedback received. The changes to the plan will then be sent to the JCPH staff for approval, but ultimately changes are decided by the QI team.

- Progress toward performance measures
- Effectiveness of meetings
- Clarity of QI plan
- Effectiveness of the QI team in overseeing projects

Report of evaluation findings and any subsequent changes will be reported out at an all staff meeting.

### QI Projects

The QI project members will report out the progress made at staff meetings each month. At quarterly QI team meetings data will be reported out on the progress made toward performance measures set for each project.



# Appendices

## Appendix A PDSA Form

# PDSA: Testing Change

Jefferson County



**Public Health**  
Prevent. Promote. Protect.

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### AIM

State the overall goal you want to achieve

### PLAN

*What is happening now? What will happen if we try something different?*

What is the change you plan to test?

*Develop a plan (who is going to do what, by when, and where?)*

List of tasks needed to set up this test of change	Person responsible	When to be done	Where to be done	Measure to determine success
1.				
2.				
3.				
4.				

### DO

*Let's try it!*

Carry out your test. Document your data and observations:

### STUDY

*Did it work?*

Analyze data. How do the results compare with your prediction and summarize knowledge gained:

### ACT

*Decide what to do.*

Are you going to: Adopt? Abandon? Adapt? Next steps:

## Appendix B QI Project Proposal Form

**Please read and reflect on these guidelines before submitting your proposal:**

- a. When thinking about submitting a proposal, reflect on what you're hoping to change. QI Projects should be based on changing a **process** and should not be centered on a reaction to one negative event. Overall, reflect on whether your concern can be solved with a direct conversation.
- b. Please ensure that your team or those who might be affected by changing this process are **notified, invited** to fill out the proposal, and **allowed to participate** in the QI Project. QI Projects should not be done in secret nor should they require participation
- c. Make sure this project reflects the mission, vision, and values of Jefferson County Public Health.

**Mission:** To improve the health and promote the well-being of all Jefferson County residents through policies, partnerships, and services

**Vision:** Healthy people in thriving communities

**Values:**

- Respect: We are honored to serve our community and treat our clients as good neighbors.
- Integrity: We hold ourselves to a high standard.
- Equity: We remove barriers for those who otherwise might not be able to access services.
- Diversity: We identify differences in the community as assets.
- Empowerment: We support and encourage our clients and staff to thrive.
- Optimism: We believe in our ability to effect positive change in our community.

**When you've filled out the proposal sheet with regard to the guidelines above, send your proposal to the QI Council team and Health Services Director via email.**







- d. What potential impact could there be on other programs/activities if this QI project is conducted?
  
  
  
  
  
  
  
  
  
  
- e. How will we know that a change is an improvement? In other words, what kinds of information are you relying on to make decisions or know how you and/or your program are performing?

Additional Notes/Comments?

**Jefferson County Public Health Department**  
**Quality Improvement Action Plan**

**\*\*To be completed by QI team upon review of Project Proposal\*\***

<b>Project title:</b>	<b>Submitted by:</b>
<b>Date Submitted to QI Team:</b>	
<b>Date Initial QI Review:</b>	



Designated QI Lead:

✓	Action	Person Responsible	Target Date

Target Project Completion Date:

Notes and Outcome:



## Appendix C Public Health Strategic Plan Resolution

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR THE COUNTY OF JEFFERSON, STATE OF OREGON

IN THE MATTER OF SUPPORTING )  
THE JEFFERSON COUNTY PUBLIC ) Resolution No. R-018-18  
HEALTH STRATEGIC PLAN )

WHEREAS, the Jefferson County Board of County Commissioners recognize and support the need to proactively plan with Jefferson County Public Health to work towards a shared vision, mission, values and strategic initiatives; and

WHEREAS, Jefferson County leadership recognizes that the Mission, Vision, Core Values and Goals described in the Strategic Plan will be nothing more than words on paper without proper implementation that will work within the already established programs and ethical behavior of all staff members; and

WHEREAS, Jefferson County leadership recognizes that Jefferson County is not only a governmental organization but also a community partner and stakeholder; and

WHEREAS, the Jefferson County Board of Commissioners recognizes the purpose of this Strategic Plan is to support Jefferson County Public Health staff in making decisions that strengthen their programs and services in order to improve the overall health status and enhance the quality of life for everyone in our community; and

WHEREAS, Jefferson County Board of Commissioners fully support the adoption of the Public Health Strategic Plan and directs Jefferson County Public Health staff to implement its goals and objectives.

THEREFORE IT IS HEREBY RESOLVED, the Jefferson County Board of Commissioners supports the work of Public Health and their efforts to improve the delivery of services as a department and within their individual programs in order to remove barriers and maintain the highest level of service for all residents of Jefferson County.

Dated this 10th day of October, 2018.

BOARD OF COMMISSIONERS

  
Wayne Fording, Commission Chair

  
Mae Huston, Commissioner

  
Mike Abreu, Commissioner

ATTEST

  
Barbara Andresen, Admin. Assistant